

EXHIBIT 9

**STATEMENT OF ACCESSORIAL SERVICES PERFORMED
(STORAGE-IN-TRANSIT DELIVERY AND REWEIGH)**

Form Approved
OMB No. 0704-0022
Expires Oct 31, 2001

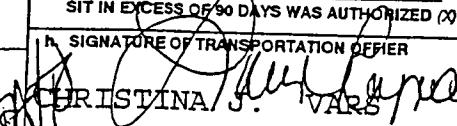
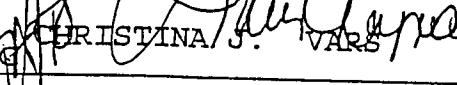
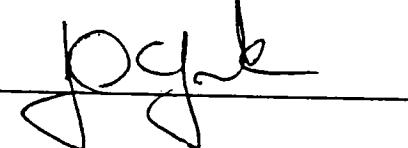
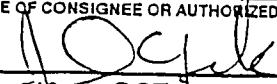
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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

DISTRIBUTION: 1. ORIGINAL COPY TO CARRIER.

3. ADDITIONAL COPIES MAY BE MADE FOR CARRIER'S USE.

2. COPY TO PROPERTY OWNER.

1. GOVERNMENT BILL OF LADING NUMBER ZY-711231		2. DATE OF PICKUP AT ORIGIN (MMYYMMDD) 04-JUN-2004		13. STORAGE-IN-TRANSIT (SIT) a. STORED AT (City and State) NEWPORT RI b. SIT SERVICES WERE PROVIDED AT (X as applicable) <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER c. DATE IN (MMYYMMDD) 16-JUN-04 d. DATE OUT (MMYYMMDD) 16-AUG-04 e. NUMBER OF DAYS 62 f. NET WEIGHT 1185 g. THIS SHIPMENT WAS ORDERED INTO AND OUT OF SIT ON DATES INDICATED HEREON AND AUTHORIZED BY SIT CONTROL NUMBER: 4168001 h. SIGNATURE OF TRANSPORTATION OFFICER  CHRISTINA J. VARS i. DATE (MMYYMMDD) 25-JUN-2004			
3. a. NAME OF OWNER (Last, First, Middle Initial) YORK, J. D.		c. RANK OR GRADE MAJ					
4. a. SSN [REDACTED]		d. DESTINATION OF SHIPMENT MIDDLETOWN, RI		b. LOCATION NEWPORT RI e. NAME OF AGENT ANDREWS EXPRESS & STORAGE WHSE INC			
5. a. ORDERING ACTIVITY/ INSTALLATION NAME -Visual Station Newport		b. LOCATION					
6. a. NAME OF CARRIER Day Transfer Company		b. NAME OF AGENT		f. SIGNATURE OF TRANSPORTATION OFFICER  CHRISTINA J. VARS g. DATE (MMYYMMDD) 25-JUN-2004			
7. a. SIGNATURE OF CARRIER'S REPRESENTATIVE 		g. DATE (MMYYMMDD) 25-JUN-2004					
8. CARRIER'S SHIPMENT REFERENCE NO. DT-05-13-04		11. AGENT OR DRIVER CODE		14. REWEIGH CERTIFICATION a. ORIGINAL GROSS 58140 b. REWEIGH GROSS c. ORIGINAL TARE 46290 d. REWEIGH TARE e. ORIGINAL NET 11850 f. REWEIGH NET g. THIS SHIPMENT WAS ORDERED FOR REWEIGH AND SERVICES WERE ACCOMPLISHED AS SHOWN ABOVE (1) SIGNATURE OF TRANSPORTATION OFFICER CHRISTINA J. VARS (2) DATE (MMYYMMDD) 25-JUN-2004			
12. REMARKS ALL UNPACKING AT SHIPPERS REQUEST PERFORMED X 							
16. CONSIGNEE'S STATEMENT OF DELIVERY AND LOSS OR DAMAGE Notice is hereby given to the carrier to whom this statement of accessorial services performed is surrendered that the shipment was received in condition as shown below and that claim, if any, will be made for the value of such loss and/or damage as indicated.							
a. DESCRIPTION OF LOSS OR DAMAGE WILL ADVISE UPON COMPLETION OF UNPACKING FINAL INSPECTION. SHIPMENT SUFFERED WATER DAMAGE & MOULD + MILDEW IS EVIDENT ON NUMEROUS ITEMS WITH DAMAGE TO FURNITURE & CARTONS.				b. ACTUAL OR ESTIMATED WEIGHT			
17. WAIVER Unpacking and removal of packing material, boxes/cartons, and other debris is hereby waived.							
a. INVENTORY NUMBERS		b. SIGNATURE					
18. CERTIFICATION. I have received the property described on this form:							
a. FROM (Name of Transportation Company) ANDREWS EXPRESS		b. AT (Actual Point of Delivery) 505 WALCOTT AVE, MIDDLETOWN, RI		In apparent good order and condition except as noted above.			
c. SIGNATURE OF CONSIGNEE OR AUTHORIZED AGENT 				d. DATE OF DELIVERY (MMYYMMDD) 20040816			